

CITY OF BOSTON

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Mayor's Office of Consumer Affairs and Licensing

CHANGE OF MANAGER APPLICATION

CORPORATION NAME _____

D/B/A _____

ADDRESS OF PREMISES _____

PROPOSED MANAGER OF RECORD _____

HOME ADDRESS _____

PHONE NUMBER _____ SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

MOTHER'S MAIDEN NAME _____ FATHER'S NAME _____

REASON FOR CHANGE? _____

EXPERIENCE OF PROPOSED MANAGER (include current association with any other
licensed premises in the Commonwealth). _____

IS PROPOSED MANAGER AN OFFICER, DIRECTOR OR STOCKHOLDER IN THIS
CORPORATION? _____ TITLE? _____ HOW
MANY SHARES OF STOCK ARE IN PROPOSED MANAGER'S NAME? _____

WITHIN THE PAST 7 YEARS, HAS THE PROPOSED MANAGER BEEN CONVICTED OF A
FELONY OR A VIOLATION OF A STATE OR FEDERAL NARCOTICS LAW? _____

STATEMENTS BY APPLICANT AND PROPOSED MANAGER: UNDER THE PAINS AND
PENALTY OF PERJURY, I AFFIRM THAT THE PRECEDING ANSWERS ARE TRUE TO THE
BEST OF MY KNOWLEDGE AND BELIEF.

DATE _____ PROPOSED MANAGER _____

DATE _____ CORPORATE APPLICANT _____

****CHANGE OF MANAGER MAY BE SUBJECT TO A HEARING****

THOMAS M. MENINO, Mayor